## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/537,916

										<u>!</u>	- 1/1/2	
		CLAIMS AS FILED - PART I (Column 1) (Column 2)							YTITY	OF		R THAN ENTITY
U.	S. NATIONA	L STAGE FEES	<del></del>	20111 1)	Γ	(Column 2)	7	RATE	FEE	7	RATE	<del></del>
B/	ASIC FEE		SMALLE	NT. = \$ 150	1 1 4	RGE ENT = \$ 300	$\dashv$	BASIC FEF	1	+		FEE
EX	MOITANIMA	FFF		T Article 33(1)-		other situations =	+		<del> </del>	-	BASIC FEE	300
-	<del></del>			50/\$ 100 = \$ 50/\$ 100		\$ 1 <u>0</u> 0 / \$ 200 other situations =	-	EXAM. FEE	<del> </del>	-	EXAM. FEE	200
SE	ARCH FEE			ALL other countries = \$ 200 / \$ 400		\$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FE	E FOR EXTRA	SPEC. PGS.	m	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
то	TAL CHARGE	ABLE CLAIMS	// n	ninus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INC	EPENDENT (	CLAIMS	/	minus 3 =	•		1	X \$ 100 =		OR	X \$ 200 =	
MU	LTIPLE DEPE	NDENT CLAIM PI	RESENT			A		+ \$ 180 =		OR	+ \$ 360 =	360
If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	126 C
		CI AIMS AS	ASSENDE	D 0407								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL E	
_ ∢ Է		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent		Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							Ĺ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
										•		
_	<del> </del>	(Column 1)		(Column		(Column 3)	_	-				
0 1		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Fotal	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	ndependent	•	Minus	***		=	ľ	X \$ 100 =		OR	X \$ 200 =	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
	· · · · · · · · · · · · · · · · · · ·						1	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
, K	the "Highest Nur	mn 1 is less than the mber Previously Paid	For IN THIS SP	ACE is less th	an "20",	, enter "20".						
		mber Previously Paid ber Previously Paid I					the i	appropriate box i	n column 1.			

FORM PTO-875 (Rev. 02/2005)

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